

# EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400  
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



## REVISED

### **SAFETY AND RISK COORDINATOR** (Financial Services Department / Risk Management)

**OPENING DATE:** September 18, 2006

**CLOSING DATE:** October 9, 2006

Employees in this position are represented by the Non-Supervisory Union (SEIU)

**ANNUAL SALARY RANGE: \$56,439 - \$76,256**

This position is FLSA-Exempt – ineligible for overtime compensation.

#### **MINIMUM QUALIFICATIONS**

Equivalent to a Bachelor's degree from an accredited college or university with major course work in occupational safety and health, risk management or a related field. A minimum of 4 years of full-time, professional level experience in safety theory and practices; safety management; safety and loss control audits; and safety training to include curriculum development. Public agency experience is highly desirable.

#### **ADDITIONAL REQUIREMENTS**

- OSHA 500 and 501 training certification(s) within 12 months of hire.

#### **APPLICANT REQUIREMENT**

- ***The attached supplemental questionnaire form must be completed and returned with your City of Tempe application. Incomplete application or supplemental forms will result in being disqualified from further consideration.***
- *This position requires the possession of, or ability to obtain, an appropriate, valid Arizona driver's license.*
- *If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.*

#### **REPRESENTATIVE DUTIES**

(For the complete job description go to: <http://www.tempe.gov/hrcc/docs>)

- Administer the City Safety and Health program by developing, implementing and maintaining all safety and health activities for the City.
- Establish safety procedures and ensure compliance by working closely with department managers and supervisors to educate employees through training methods; coaching employees in safe work behaviors; and mentoring safety attitudes throughout the city.
- Identify safety training needs and which areas require technical safety certification courses; develop and conduct comprehensive safety and health training programs including training manuals and handouts; conduct regular supervisory safety management classes; maintain tracking of safety training on the citywide training administration software.
- Conduct Job Hazard Assessments for all departments for the purpose of evaluating potential hazardous exposures with each job task and making recommendations for protection from the hazard or mitigation of the hazard; process and maintain a copy of citywide job hazard assessments in Risk Management.

- Conduct safety audits and risk assessments for the purpose of mitigation or elimination of hazards and the reduction of potential loss to the City in partnership with other departments such as the Fire Department, Building Safety, and Environmental to ensure compliance with regulations as well.
- Determine the need for safety equipment to be worn; ensure that safety equipment is being purchased, worn and maintained properly; coordinate with departments and the Purchasing Division that approved and qualified safety equipment is purchased for City employees.
- Direct responsibility over any outside OSHA or other safety regulatory inspections to include meeting with the compliance officers; provide the necessary documentation as requested and negotiate the final outcome if necessary.
- Develop, monitor, and provide resources to the City Safety Team and Safety Reward Program.
- Create, edit, and maintain safety information and safety awareness to all City employees through monthly safety messages; create and publish the quarterly Risk Management newsletter; provide other safety and regulatory information as safety rules and regulations develop or change.
- Evaluate procurement contracts for safety requirements and work with the procurement buyers to ensure the purchase of products and services that will parallel and enhance the City's safety program.
- Assist the Risk Manager with the management of the Workers' Compensation program including review of injuries and trending for the education of City management and supervisors and oversee the return to work program; determine when accident investigations are needed with each incident and follow through with the affected department on the investigation for corrective action.
- Prepare and distribute injury and loss control reports to all department managers; data will include incident and injury detail and cost of claims; develop trend analysis summaries and review with department managers for the purpose of injury reduction.
- Work with the Risk Manager to monitor and assess the budget for safety and health needs.
- Provide back up to the City Liability Claim Officer on accident calls during and after hours which entails conducting the initial investigation of the accident including interviews, photographs, and soliciting of internal reports as necessary.
- Attend and participate in professional safety and risk management courses and organizations.

### **SELECTION CRITERIA**

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.

**RECRUITMENT CODE: 2170**

LAL/pmm

## **Safety and Risk Coordinator Supplemental Written Questions**

Each supplemental question focuses on a particular area of responsibility associated with the Safety and Risk Coordinator position. This supplement is designed to allow you an opportunity to highlight your professional experience as it relates to each of these vital areas. Since this is part of the selection process, it is to your advantage to fully and accurately provide the information requested.

### **DIRECTIONS:**

**Each answer should be typed and doubled spaced.**

**Along with each response, please include the following when discussing your experience:**

- **Your employer(s) name**
- **Your job title(s) at the time**
- **Overall length of experience in years / months for each respective area**
- **Percentage of time spent performing those respective duties**

1. Describe your experience in *developing* and *implementing* safety and health programs include any experience with writing the related procedural and compliance information.
2. Describe your experience *administering* and *managing* safety and health programs include any experience with inspections and with maintaining compliance with Federal, State and local safety and/or environmental agencies.
3. Describe your experience *developing* and *conducting* comprehensive safety and health training programs and include an outline of your curriculums; also, describe any related materials that you created, such as training manuals and handouts.
4. Describe your experience in administering a Workers' Compensation program.



# City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

**The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.**

***The City of Tempe Promotes a Drug and Alcohol Free Workplace.***

## **DIRECTIONS:**

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: \_\_\_\_\_ Recruitment Code (RC#): \_\_\_\_\_
2. Name (Last, First, Middle Initial): \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
Street Address City State Zip
5. Phone Number: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_
6. Driver's License (Number, State, Class): \_\_\_\_\_
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from \_\_\_\_\_ (Mo/Yr) to \_\_\_\_\_ (Mo/Yr)  
If you are a current City of Tempe employee, are you: Temporary? Regular?  
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:  
\_\_\_\_\_
10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
  - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
  - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE**

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

***Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.***

13. Do you have a High School Diploma or a G.E.D.?      Yes      No

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	
			Yes    No	
			Yes    No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No

20. **May we contact your current employer if you are considered for hire/promotion?**      Yes      No

***You may make copies and use as many of these sheets as necessary to continue your employment history.***

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Present/Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

Employer:	Type of Business:		
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Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
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Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$		Per
Work Performed:			
Reason for Leaving:			

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

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22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

*Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.*

Yes No If Yes, provide charges, dates and locations:

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**Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.**

**PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .**

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: \_\_\_\_\_ Date\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

***The City of Tempe does not accept faxed copies of applications.***



# Voluntary Employment Data Record

Completing ethnicity, gender, age and disability information is **OPTIONAL**; it is used for statistical reporting purposes only. It is **NOT** disclosed to the hiring department.

Position Applied for: \_\_\_\_\_ RC#: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Gender: Female Male

Disabled: Yes No

**Ethnic Group:**

White

Black

Hispanic

Asian

American Indian

Other

**Age Group:**

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_